

## PART B - FEE(S) TRANSMITTAL

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23408 7990 08/28/2010

Gary C. Cohn, PLLC  
 215 E. 96TH ST., #19L  
 New York, NY 10128

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/584,986	06/30/2006	Sigemasa Takagi	TIP-046	2438

TITLE OF INVENTION: APPARATUS AND METHOD FOR MANUFACTURING RUBBER SHEET REINFORCED WITH CORD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEES DUE	DATE DUE
nonprovisional	NO	\$1810	\$300	\$0	\$1810	11/28/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
KNABLE, GEOFFREY L.	1791	156-193009

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Gary C. Cohn PLLC 1..... 2..... 3.....
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### 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE  
 Fuji Seiko Co. Ltd.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)  
 Gifu, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)
<input type="checkbox"/> Issue Fee	<input type="checkbox"/> A check is enclosed.
<input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted)	<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.
<input type="checkbox"/> Advance Order - # of Copies _____	<input type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

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Authorized Signature:  Date: 28 August 2010

Typed or printed name: Gary C. Cohn Registration No. 30456

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